

LEAN SIX SIGMA CHAMPION



COURSE OVERVIEW

From Initiation-Implementation-Institutionalising to Sustaining, the Lean Six Sigma Champion or Sponsor is the person(s) who is accountable for the authorization of Lean Six Sigma project deployment. Champion acts as the “Vision Communicator” who manages Lean and Six Sigma deployment at “actionable level”. They are responsible for selecting the right Lean Six Sigma projects as they are deemed to have clearer views of organisation’s objectives. Their involvement in project team chartering and driving progress will help remove Organisational Barriers to project success. In all, Champions play crucial roles in the successful deployment of Lean Six Sigma projects. Champions are also responsible for ensuring that improvements are sustainable and the right controls are in place to sustain the gains.

In short, Champion(s) should be driven to ensure the successful deployment of Lean Six Sigma deployment.

This workshop provides a foundation course of Lean Six Sigma deployment for Champion(s). The aim is to train selected Champion(s) and support Black Belt candidates in chosen projects in line with their organisational goals. A “Hands-on” training in some selected Six Sigma tools will be offered during this three days course.

COURSE GOALS

- ▶ To enhance participants’ understanding of Lean Six Sigma concepts.
- ▶ To increase awareness of Lean Six Sigma Champion roles and responsibilities.
- ▶ To help lay the foundation of long term cultural change, by increasing the knowledge of how crucial is the role of Champions to the success of Lean Six Sigma deployment.
- ▶ Help to recognize, select and prioritize Lean Six Sigma

WHO SHOULD ATTEND

- ▶ CEO, Managing Director, Vice President, Senior Management who are fully on board with the Lean Six Sigma initiatives.
- ▶ Individuals with leadership role who will be mentoring organisation’s continuous improvement projects.

DURATION

3 days

PARTICIPANT & ORGANIZATION DETAILS

Registration Form

PARTICIPANT DETAILS

NAME	EMAIL	TELEPHONE (Office & Mobile)	POSITION	DEPARTMENT

ORGANIZATION DETAILS

ORGANIZATION NAME :
ADDRESS :
APPROVING PERSON:
INVOICE ATTENTION TO:
PAYMENT METHOD:

BANK TRANSFER

NATURE OF BUSINESS :
TEL:
POSITION:
POSITION:
BANK DRAFT

BANK DRAFT

FAX:

CHEQUE

If there is/any additional delegates, please use separate sheets.

SIGNATURE:

DATE:

*I agree to the terms and cancellation policy.